CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

Filed Date: 10/17/2017 03:25 PM
SAN: 101500116-STH-0116

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Cook	Cass	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
County of Tulare

Division, Board, Department, District, if applicable
Treasury Oversight Committee

Your Position
Auditor-Controller

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☒ County of Tulare
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☐ **Annual:** The period covered is January 1, 2016, through December 31, 2016.
-or-
The period covered is ____/____/____, through December 31, 2016.

☒ **Assuming Office:** Date assumed 10 / 16 / 2017

☐ **Leaving Office:** Date Left ____/____/____
(Check one)
○ The period covered is January 1, 2016, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1 -** *Investments* – schedule attached
- ☐ **Schedule A-2 -** *Investments* – schedule attached
- ☐ **Schedule B -** *Real Property* – schedule attached
- ☐ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D -** *Income – Gifts* – schedule attached
- ☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ ***None*** **-** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
221 S. Mooney Blvd., Room 101-E	Visalia	CA	93291

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(559) 636-5200	

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 10/17/2017 03:25 PM
(month, day, year)

Signature Electronic Submission
(File the originally signed statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
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STATEMENT OF ECONOMIC INTERESTS

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Cook	Cass	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
County of Tulare

Division, Board, Department, District, if applicable
Auditor-Controller/Treasurer-Tax Collector

Your Position
Auditor-Controller

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: SEE ATTACHED LIST

Position:

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County
- ☐ City of
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☒ County of Tulare
- ☐ Other

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2017, through December 31, 2017.

-or-

The period covered is 10/09/2017, through December 31, 2017.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*

○ The period covered is January 1, 2017, through the date of leaving office.

-or-

○ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Date of Election ____ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

- ☐ **Schedule A-1 -** *Investments* – schedule attached
- ☐ **Schedule A-2 -** *Investments* – schedule attached
- ☐ **Schedule B -** *Real Property* – schedule attached
- ☐ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D -** *Income – Gifts* – schedule attached
- ☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ ***None*** **-** *No reportable interests on any schedule*

5. Verification

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DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
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Signature Electronic Submission *(File the originally signed statement with your filing official.)*

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cass Cook

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
County of Tulare	Auditor-Controller/Treasurer-Tax Collector	Assistant Auditor-Controller	County of Tulare	Annual	11/07/16 - 10/06/17
County of Tulare	Defined Contribution Committee	Auditor-Controller/Registrar of Voters	County of Tulare	Annual	02/01/17 - 12/31/17

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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SAN: 101500116-STH-0116

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Cook Cass

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

County of Tulare

Division, Board, Department, District, if applicable

Defined Contribution Committee

Your Position

Auditor-Controller

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: SEE ATTACHED LIST

Position:

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County
- ☐ City of
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☒ County of Tulare
- ☐ Other

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is _____/_____/_____, through December 31, 2018.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____ *(Check one circle.)*

○ The period covered is January 1, 2018, through the date of leaving office.

-or-

○ The period covered is _____/_____/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 3

Schedules attached

- ☐ **Schedule A-1 -** *Investments* – schedule attached
- ☐ **Schedule A-2 -** *Investments* – schedule attached
- ☐ **Schedule B -** *Real Property* – schedule attached
- ☐ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- ☒ **Schedule D -** *Income – Gifts* – schedule attached
- ☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or- ☐ ***None*** **-** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)* | CITY | STATE | ZIP CODE

221 S. Mooney Blvd., Room 101-E | Visalia | CA | 93291

DAYTIME TELEPHONE NUMBER | EMAIL ADDRESS

(559) 636-5200

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/01/2019 09:46 AM *(month, day, year)*

Signature Electronic Submission *(File the originally signed paper statement with your filing official.)*

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cass Cook

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
County of Tulare	Auditor-Controller/Treasurer-Tax Collector	Auditor-Controller	County of Tulare	Annual	01/01/18 - 12/31/18
County of Tulare	Treasury Oversight Committee	Auditor-Controller	County of Tulare	Annual	10/16/17 - 12/31/18

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cass Cook

► NAME OF SOURCE *(Not an Acronym)*
Empower Retirement

ADDRESS *(Business Address Acceptable)*
8515 East Orchard Road, Greenwood Village, CO 80111

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Defined Contribution Record Keeper

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 22 / 18	$ 75.00	Client Appreciation Dinner
___/___/___	$	
___/___/___	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

Comments: